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February 11, 2008

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. *[Signature]*
Director and Chief Medical Officer

SUBJECT: **REPORT ON HARBOR-UCLA MEDICAL CENTER
EMERGENCY DEPARTMENT**

This is to provide your Board with an updated report on the Harbor Emergency Department (ED) that summarizes the incident that led to the State findings and the immediate actions taken by the hospital and the Department to address the problem and to reduce the potential of it recurring.

State Findings:

The State Department of Health Services conducted a complete EMTALA review of Harbor on Friday, February 1, 2008. There were two specific cases of patients presenting with chest pain symptoms reviewed where the State surveyor determined that the hospital did not conduct the required medical screening exam (MSE) on a timely basis. The issues identified by the State, although not via written report, were timeliness of triage, delay in providing stabilizing treatment for chest pain patients, regular reassessment of patients in triage areas for more than 4 hours, and concerns regarding the response of the hospital and County leadership to continuing problems of overcrowding in the Emergency Department.

Corrective Actions taken

A. Prior to State findings:

Harbor and DHS leadership had identified problems at the Harbor ED with chronic overcrowding and excessive waits. As a result the following actions were taken:

1. As a part of the Martin Luther King hospital (MLK) closure contingency plan, Harbor was excluded from the redrawn ambulance boundaries to minimize the number of non-trauma ambulance cases sent to its ED.
2. EMS Agency placed staff in the Harbor ED to assist in transferring patients out of the ED to other hospitals. Harbor experienced difficulties completing transfers without assistance prior to this change. Since implementation, Harbor and EMS are moving an average of 5 patients a day who otherwise would be tying up ED treatment spaces or taking inpatient beds.

3. EMS Agency staff implemented a new admission protocol for inpatients from MLK's Multi-Service Ambulatory Care Center who needed hospital care. Since the MLK hospital closure, all of those patients were being sent to Harbor, and admitted through the ED, up to 9 patients per day. Now, these patients are admitted first to Rancho and private contract hospitals and to Harbor only if these first two options are not available.
4. Expansion of Urgent Care: DHS approved Harbor's expansion of urgent care which previously did not operate on Saturdays or Sundays. Urgent care now operates one new shift on Saturdays and will add a second shift on Saturdays and two full shifts on Sundays, as soon as staffing is hired and trained. This reduces the overcrowding in the ED waiting room and also should reduce the unacceptably high rate of persons who leave without being seen after initial triage.

B. After State findings:

Harbor and DHS leadership took the following actions to immediately address the State findings:

1. EMS assisted Harbor to decompress the ED by diverting, where appropriate, ambulances to other EDs.
2. Harbor added additional RN's to the triage area to assure that there are sufficient RN's in triage at all times. This will expedite the time to initial triage and also facilitate repeat assessments within the required 4 hour time frame.
3. Harbor will assign full time physicians on a 24/7 basis to the triage area that will work with the nursing staff and conduct the medical screening exams (MSE). The physicians will initially be obtained from a private ER contract group and will be Emergency Medicine trained. This new staffing will begin this week through use of a Purchase Order until the Department can present a contract to the Board in a few weeks. Ultimately, this staffing will be through Harbor physicians, as soon as appropriate staff can be recruited.
4. Harbor is in the process to provide additional ECG, lab and other support staff to facilitate faster tests for patients who need them.
5. Harbor and DHS leadership met at Harbor and reviewed all plans and actions needed by the hospital to implement immediate solutions. Harbor was given the approvals necessary to begin their recommended solutions that day.

Next Steps

State surveyors returned to the Harbor ED on Friday, February 8, 2008, and reviewed the actions taken by the hospital to improve the situation. The surveyors took note of the actions taken, progress made, and indicated that they would issue written findings to the hospital shortly. They found no further examples of problems. The hospital is submitting its written report with a Plan of Correction, based on the verbal findings, this week.

Comparison of Wait Times at other County Hospitals

The Department collected the following wait time data from its emergency departments which represent data for at least two quarters:

	Harbor-UCLA	LAC+USC	Olive View-UCLA
Door to Discharge	12.23 hours	9.13 hours	9.83 hours
ED Visit Volume (Annualized)	82,301	167,716	31,848
Left without being seen	16.6%	7.5%	12.5%

Protocols for Missing Patients

All of our hospitals have written protocols for missing patients, which include looking for missing patients, multiple paging, notifying emergency contacts and family members where contact information had been provided, and notifying the physicians or, if appropriate the Office of Safety Police.

If you have any further questions, please let me know.

BAC:rs

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors